ease type a plus sign (+) inside this box -> +

PTO/S8/21 (12-97)
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TRANSMITTAL			Application Number	09/493,601							
			Filing Date	1/28/00							
FORM			First Named Inventor	Edward Dennis							
(to be used for all correspondence after initial filing)			Group Art Unit	1652							
			Examiner Name	Saidha, T.							
Total Number	of Pages in This Submi	ssion	Attorney Docket Number	UCSD 0-078-2							
ENCLOSURES (check all that apply)											
Fee Transr	nittal Form		nent Papers Application)	After Allowance Communication to Group							
Fee Attached)(s)	Appeal Communication to Board of Appeals and Interferences							
Amendme	nt / Response	Licensin	g-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)							
Afte	er Final	Petition and Acc	Routing Slip (PTO/SB/69) companying Petition	Proprietary Information							
Affi	davits/declaration(s)	To Conv Provision	vert a nal Application	Status Letter							
Extension	of Time Request	Power of Change Address	of Attorney, Revocation of Correspondence	Additional Enclosure(s) (please identify below):							
Express At	pandonment Request		l Disclaimer	Sequence Text and							
Information	Disclosure Statement	Small E	ntity Statement	Floppy disc							
Certified Copy of Priority		Reques	t for Refund								
Document(s) Response to Missing Parts/		Remarks	j								
	Application										
☐ Par	ponse to Missing ts under 37 CFR 2 or 1.53										
	SIGNATU	RE OF APPLIC	CANT, ATTORNEY, OR A	GENT							
Firm <i>or</i> Individual name	Firm or FUESS & DAVIDENAS										
Signature	William C. Trees 30,054										
Date 6/17/03											
CERTIFICATE OF MAILING											
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 6/17/03											
Typed or printed name Joseph Davidenas											
Signature Date 6/17/03											

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<210> 2

<211> 230

<212> PRT

<213> Homo sapiens

<400> 2

Met Cys Gly Asn Asn Met Ser Thr Pro Leu Pro Ala Ile Val Pro Ala $1 \hspace{1cm} 5 \hspace{1cm} 10 \hspace{1cm} 15$

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Thr Gly His Gly Trp Ala Glu Ala Phe Ala Gly Ile Arg Ser Ser His 35 40 45

Ile Lys Tyr Ile Cys Pro His Ala Pro Val Arg Pro Val Thr Leu Asn 50 55 60

Met Asn Val Ala Met Pro Ser Trp Phe Asp Ile Ile Gly Leu Ser Pro 65 70 75 80

Asp Ser Gln Glu Asp Glu Ser Gly Ile Lys Gln Ala Ala Glu Asn Ile 85 90 95

Lys Ala Leu Ile Asp Gln Glu Val Lys Asn Gly Ile Pro Ser Asn Arg 100 105 110

Ile Ile Leu Gly Gly Phe Ser Gln Gly Gly Ala Leu Ser Leu Tyr Thr 115 120 125

Ala Leu Thr Thr Gln Gln Lys Leu Ala Gly Val Thr Ala Leu Ser Cys 130 135 140

Trp Leu Pro Leu Arg Ala Ser Leu Pro Gln Gly Pro Ile Gly Gly Ala 145 150 155 160

Asn Arg Asp Ile Ser Ile Leu Gln Cys His Gly Asp Cys Asp Pro Leu 165 170 175

Val Pro Leu Met Phe Gly Ser Leu Thr Val Glu Lys Leu Lys Thr Leu 180 185 190

Val Asn Pro Ala Asn Val Thr Phe Lys Thr Tyr Glu Gly Met Met His 195 200 205

Ser Ser Cys Gln Gln Glu Met Met Asp Val Lys Gln Phe Ile Asp Lys 210 215 220

Leu Leu Pro Pro Ile Asp 225 230

DT14 Re'd PCT/PTO 3 0 JUN 2003

JUN 3 0 2003 E

PTO/SB/17 (2/98)

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTOISBI09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$) 650.00

Complete If Known						
Application Number	09/493,601					
Filing Date	1/28/00					
First Named Inventor	Edward Dennis					
Examiner Name	Saidha, T.					
Group / Art Unit	1652					
Attorney Docket No.	UCSD0-078-2					

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)								
1. The Commissioner is hereby authorized to charge	DDIT									
indicated fees and credit any over payments to:	Fee	Fee	Fee	Fee e (\$)		Description	Fee Paid			
Account Number	105	130	205	65	Surcharge - late f	filing fee or oath				
Deposit Account Name	127	50	227	25	Surcharge - late cover sheet.	provisional filing fee o	or			
Charge Any Additional Charge the Issue Fee Set in	139	130	139	130	Non-English spec	cification				
Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance	147	2,520	147	2,520	For filing a reque	ng a request for reexamination				
2. Payment Enclosed:	112	920*	112	920*	Requesting public Examiner action	cation of SIR prior to				
Check Money Other	113	1,840*	113	1,840*	Requesting public Examiner action	cation of SIR after				
FEE CALCULATION	115	110	215	55	•	ly within first month				
1. BASIC FILING FEE	116	400	216	200		ly within second mon	th			
	117	950	217	475	Extension for repl	ly within third month				
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	118	1,510	218	755	•	sion for reply within fourth month				
Code (\$) Code (\$)	128	2,060	228	1,030	Extension for repl	ly within fifth month				
101 790 201 395 Utility filing fee	119	· · · · · · · · · · · · · · · · · · ·								
106 330 206 165 Design filing fee	120	310	220	155	Filing a brief in su					
107 540 207 270 Plant filing fee	121	270	221	135	Request for oral h					
108 790 208 395 Reissue filing fee	138	1,510	138	1,510		e a cuplic nae brocee	eding			
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive	- unavoidable				
SUBTOTAL (1) (\$) 0	141	1,320	241	660	Petition to revive	- unintentional	650.00			
2. EXTRA CLAIM FEES Fee from		1,320			Utility issue fee (o	or reissue)				
Extra Claims below Fee Paid	143	450	243		Design issue fee		, , , , , , , , , , , , , , , , , , , 			
Total Claims 20** = X = X	144	670	244	335	Plant issue fee					
Claims — ^ ^	122	130	122		Petitions to the Co	ornmissioner				
Multiple Dependent =	123	50	123	50	Petitions related t	o provisional applicat	ions			
**or number previously paid. if greater; For Reissues, see below Large Entity Small Entity	126	240	126	240	Submission of Inf	ormation Disclosure S	Strmt			
Fee Fee Fee Fee Description Code (\$) Code (\$)		40	581	40	Recording each p					
103 22 203 11 Claims in excess of 20	146	7 90	246	395	Filing a submission	on after final rejection	-			
102 82 202 41 Independent claims in excess of 3	149	790	249	395	(37 CFR 1.129(a) For each addition	•				
104 270 204 135 Multiple dependent claim, if not paid					examined (37 CF)					
109 82 209 41 ** Reissue independent claims over original patent	** Reissue independent claims									
110 22 210 11 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)									
SUBTOTAL (2) (\$) 0 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 650.00										
SUBMITTED BY Complete (if applicable)										
Typed or Printed Name William C. Fuess						Reg. Number 30,054				
Signature William C. Frees				Date	6/17/03	Deposit Account User ID				

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